

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584467

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/									51			
2	/									52			
3	/									53			
4	/									54			
5	/									55			
6	/									56			
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43	/									93			
44	/									94			
45	/									95			
46	/									96			
47	/									97			
48										98			
49										99			
50										100			
TOTAL IND.	4									TOTAL IND.			
TOTAL DEP.	43									TOTAL DEP.			
TOTAL CLAIMS	47									TOTAL CLAIMS			